

Community Hospital Task Force

Principles to guide the work

Updated: November 19, 2007

Charge

Using its initial findings on community hospitals, the Community Hospital Task Force will address one of its two earlier recommendations: payment reform. The long-term charge to the Task Force is to recommend changes to health care payment methods used by all payers that realign incentives to promote high-quality and cost-efficient care. The Task Force's first priority is to examine principles for inpatient payment and options for Rhode Island's Medicaid program to implement a case-based inpatient payment methodology based on Medicare. The Task Force will then examine how the recommendations for a case-based inpatient payment method for Rhode Island Medicaid may apply more broadly to other payers.

The co-chairs of the Community Hospital Task Force will be guided by the following principles in organizing the Task Force's work:

Meetings

1. Meetings of the Task Force will be open to the public.
2. Meeting notes will be distributed to the Task Force and available to the public.
3. If any proprietary data is shared by Task Force members, the discussion of that data will be limited to an executive session of the Task Force.
4. Members of the Task Force were asked to serve because of their experience and perspective. Task Force members that are associated with hospitals are not on the Task Force due to their affiliation with specific institutions.
5. The meeting discussion will identify individual hospitals as illustrative examples only.
6. Task Force members will respect each other and respect this work. Task Force members will bring any concerns with the structure or process of this work to the Task Force co-chairs.

The report

7. The Task Force's recommendations will be as specific as possible.
8. The Task Force's recommendations will be based on a set of findings and analysis.
9. The Task Force will not recommend a unique payment model but rather base its recommendations on existing models and methods.
10. The content of the Task Force's final report will be developed in a consensus-based process when possible. If consensus is not possible, differing opinions will be presented in the Task Force's report.